

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

ADDRESS (number and street)

16 COURT STREET 4TH FLOOR

☐Check if different
than previously
reported. (ACC)

BROOKLYN

NY

11241

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00355818

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anita Gomez-Palacio

Signature of Treasurer

Electronically Filed by Anita Gomez-Palacio

Date

07

28

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

Report Covering the Period: From: M M
0 1 D D
0 1 Y Y Y Y
2 0 1 1 To: M M
0 6 D D
3 0 Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1		121809.93
(b) Cash on Hand at Beginning of Reporting Period	121809.93	
(c) Total Receipts (from Line 19)	17000.00	17000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138809.93	138809.93
7. Total Disbursements (from Line 31)	15336.45	15336.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	123473.48	123473.48
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	17000.00	17000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17000.00	17000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17000.00	17000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17000.00	17000.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3106.45	3106.45	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3106.45	3106.45	
22. Transfers to Affiliated/Other Party Committees.....	1150.00	1150.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6955.00	6955.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	4125.00	4125.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15336.45	15336.45	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15336.45	15336.45	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17000.00	17000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17000.00	17000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3106.45	3106.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3106.45	3106.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A.

Full Name (Last, First, Middle Initial)

Council of School Supervisors and Administrators Local PAC

Mailing Address 16 Court Street

City

Brooklyn

State

NY

Zip Code

11241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: SA11C.4154

Amount of Each Receipt this Period

17000.00

contribution from local
PAC

SUBTOTAL of Receipts This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

17000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A. Full Name (Last, First, Middle Initial) Hudson Printing Mailing Address 48-09 34 street	Transaction ID: SB21B.4135 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div>
City Long Island City State NY Zip Code 11101 Purpose of Disbursement Professional services - brochure Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1045.20</div> <div>004</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Prime New York Mailing Address 233 Broadway Suite 702 City New York State NY Zip Code 10279 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>850.00</div> <div>003</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Satty, Levine and Ciacco Mailing Address 125 Jericho Turnpike Suite 200 City Jericho State NY Zip Code 11753 Purpose of Disbursement Accounting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4139 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1211.25</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3106.45

TOTAL This Period (last page this line number only)

3106.45

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 13

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A. Full Name (Last, First, Middle Initial) Androc Democratic Club Mailing Address 45-26 47 street	Transaction ID: SB22.4104 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 0 / 2 0 1 1</div> </div>
City woodside State NY Zip Code 11377 Purpose of Disbursement Reception 3/3/11 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>150.00</div>
B. Full Name (Last, First, Middle Initial) Bronx Democratic County Committee Mailing Address 2156 Crueger Ave 4J City Bronx State NY Zip Code 10462 Purpose of Disbursement journal ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.4149 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>400.00</div>
C. Full Name (Last, First, Middle Initial) Bronx Democratic County Committee Housekeeping Mailing Address 2156 Cruger Ave 4J City Bronx State NY Zip Code 10462 Purpose of Disbursement County Dinner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.4146 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>600.00</div>

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

1150.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A. Full Name (Last, First, Middle Initial) Clarke for Congress	Transaction ID: SB23.4109
Mailing Address	Date of Disbursement
City	<div> <div>MM / DD / YY</div> <div>04 / 12 / 2011</div> </div>
State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraiser	<div>600.00</div>
Candidate Name Clarke for Congress	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee to re-elect ed towns	Transaction ID: SB23.4141
Mailing Address 438 LEWIS AVENUE	Date of Disbursement
City BROOKLYN	<div> <div>MM / DD / YY</div> <div>06 / 20 / 2011</div> </div>
State Zip Code NY 11233	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraiser	<div>1000.00</div>
Candidate Name Committee to re-elect ed towns	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Crowley for Congress	Transaction ID: SB23.4150
Mailing Address 84-56 GRAND AVENUE	Date of Disbursement
City ELMHURST	<div> <div>MM / DD / YY</div> <div>05 / 24 / 2011</div> </div>
State Zip Code NY 11373	Amount of Each Disbursement this Period
Purpose of Disbursement fundraiser	<div>1000.00</div>
Candidate Name Crowley for Congress	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A. Full Name (Last, First, Middle Initial) Democratic Organization of Queens County	Transaction ID: SB23.4127 Date of Disbursement
Mailing Address 72-50 Austin Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 1</div> </div>
City Forest Hills State NY Zip Code 11375	Amount of Each Disbursement this Period
Purpose of Disbursement Reception	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Democratic Organization of Queens County	Transaction ID: SB23.4125 Date of Disbursement
Mailing Address 72-50 Austin Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 1 1</div> </div>
City Forest Hills State NY Zip Code 11375	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>600.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Democratic Organization of Richmond	Transaction ID: SB23.4111 Date of Disbursement
Mailing Address PO Box 141093	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 1 1</div> </div>
City Staten Island State NY Zip Code 10314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>255.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1855.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A. Full Name (Last, First, Middle Initial) Hakeem Jeffries Exploratory Committee	Transaction ID: SB23.4129 Date of Disbursement
Mailing Address	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 1 1</div> </div>
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kings County Democratic Committee	Transaction ID: SB23.4119 Date of Disbursement
Mailing Address 16 Court Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 1 1</div> </div>
City State Zip Code Brooklyn NY 11241	Amount of Each Disbursement this Period
Purpose of Disbursement Reception	<div>400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) New York County Democratic Committee	Transaction ID: SB23.4122 Date of Disbursement
Mailing Address PO Box 309 243 5 Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 1 1</div> </div>
City State Zip Code New York NY 10016	Amount of Each Disbursement this Period
Purpose of Disbursement Reception	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A. Full Name (Last, First, Middle Initial)
Queens Village Republican Club

Mailing Address 242-33 90 Ave

City Bellerose State NY Zip Code 11426

Purpose of Disbursement
Lincoln's Birthday Dinner

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B. Full Name (Last, First, Middle Initial)
Rangel for Congress

Mailing Address PO BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement
breakfast

Candidate Name
Rangel for Congress

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 15

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4152

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

6955.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

COUNCIL OF SCHOOL SUPERVISORS AND ADMINISTRATORS LOCAL 1 AFSA AFL-CIO

A.

Full Name (Last, First, Middle Initial)

Federal Election Commission

Mailing Address 1005 Conversation Plaza
FEC#979058

City State Zip Code
St Louis MO 63101

Purpose of Disbursement
Administrative Fine

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4156

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	8		2	0	1	1

Amount of Each Disbursement this Period

4125.00

SUBTOTAL of Disbursements This Page (optional)

4125.00

TOTAL This Period (last page this line number only)

4125.00